



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **23630 NEWHALL AVE #C, SANTA CLARITA, CA 91321**

TELEPHONE: **(626) 216-4656**

OWNER OF BUSINESS: **NI WANG**

CAL. DR. LIC.# : **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **NIKKI MASSAGE**

MAILING ADDRESS: **[REDACTED]**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	04/21/16	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	04/18/16	ddo
<input checked="" type="checkbox"/> 5. Public Health	YES	03/24/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	03/25/16	nlove
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	03/10/16	nlove
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	04/28/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	03/25/16	nlove
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2,158.00

ID #

86130

142883

BUSINESS INFORMATION

Type of Business: <u>MASSAGE PARLOR</u>	Address of Business: <u>23630 Newhall Ave Unit C Santa Clarita CA 91321</u>	
Start Date (Projected): <u>12/1/15</u>	Business Telephone: <u>626-216-4656</u>	
DBA (Business Name): <u>Nikki Massage</u>	Mailing Address: [REDACTED]	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>11/25/2015</u>	Incorporated in the State of: <u>CA</u>	
Exact Corporate Name: <u>Nikki Massage</u>		
Names of Officers	Addresses	Titles
<u>Ni Wang</u>	[REDACTED]	[REDACTED]
<u>Rui Li</u>	[REDACTED]	[REDACTED]

APPLICANT INFORMATION

Applicant's Full Name: <u>Ni Wang</u>		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: <u>TAMAGORCHEE@GMAIL.COM</u>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED] Hair Color: [REDACTED] Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances, and regulations.

Date: 11/25/15 Applicant's Signature: Ni Wang

Application taken by: Tony Date: 11/30/2015

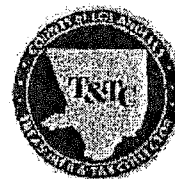
* If you suspect fraud or wrong doing by a County of Los Angeles employee, report to fraud hotline

1 800 544 6861



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 23630 NEWHALL AVE #C, SANTA CLARITA, CA 91321

TELEPHONE: (626) 216-4656

OWNER OF BUSINESS: NI WANG

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: NIKKI MASSAGE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*We recommend approval at
this time.*

SIGNATURE:

D. Hamrick

DATE:

4/20/16

3232637342

04:11:59 p.m. 04-13-2016

2/10



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

73

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 23630 NEWHALL AVE #C, SANTA CLARITA, CA 91321

TELEPHONE: (626) 216-4656

OWNER OF BUSINESS: NI WANG

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: NIKKI MASSAGE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

RFS - Reasonably Fire Safe.
No Violations NOTED.

SIGNATURE: [Signature]

DATE: 4/18/16

BASIC LICENSE NO. 8430

DATE 04/13/16

IDENTIFICATION NUMBER 142883

Man



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 23630 NEWHALL AVE #C, SANTA CLARITA, CA 91321

TELEPHONE: (626) 216-4656

OWNER OF BUSINESS: NI WANG

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: NIKKI MASSAGE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

BASIC LICENSE NO. 8430

DATE 01/20/16

IDENTIFICATION NUMBER 142883



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

5 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

15-01336

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 23630 NEWHALL AVE #C, SANTA CLARITA, CA 91321

TELEPHONE: (626) 216-4656

OWNER OF BUSINESS: NI WANG

CAL. DR. LIC.#: [REDACTED]

4/23/82

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: NIKKI MASSAGE

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: _____

Approved

SIGNATURE: _____

WJ 536670

DATE: _____

3/24/16

BASIC LICENSE NO. 8430

DATE 12/22/15

IDENTIFICATION NUMBER 142883

Sen. Attention Tony 3/24

ZONING REFERRAL

I.D. #: 142883

TO: CITY OF SANTA CLARITA
COMMUNITY DEVELOPMENT/PLANNING
23920 VALENCIA BLVD., STE # 140
SANTA CLARITA, CA 91355

FROM: TREASURER TAX COLLECTOR
BUSINESS LICENSE SECTION
23757 VALENCIA BLVD
SANTA CLARITA CA 91355
FAX (661) 945-3512

DATE: 11-25-15

* TYPE OF BUSINESS(ES) Massage

ADDRESS OF BUSINESS 23630 Newhall Ave Unit 'C'

CITY Santa Clarita ZIP CODE 91321

NAME OF OWNER Ni Wang

"DBA" Mikki Massage TEL. #: [REDACTED]

* MAILING ADDRESS [REDACTED]
So. Pas. CA 91030

EXISTING USE YES () NO () CC zoning

USE PERMITTED IN ZONE per OTC 15-1692 USE NOT PERMITTED IN ZONE
"APPROVED" "DENIED"

REMARKS _____

NOV 25 2015

[Signature]
SIGNATURE OF ZONING OFFICER

DATE